

Foster Family Home - Corrective Action Report

Provider ID: 1-577372

Home Name: Mark Tapangan, CNA

Review ID: 1-577372-7

91-1771 Punako Street

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 11/5/2018

End Date: 12/06/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/05/18. Corrective Action Report issued during home visit with all items due to CTA by 12/05/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home

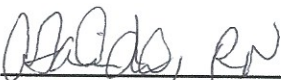
Records

[17-1454-52]

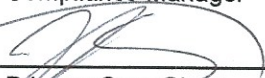
52.(c)(5) Medication schedule checklist;

Comment:

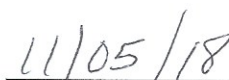
52.(c)(5) - Two medications ordered by pcp for Client#1 were not listed on Medication Administration Record.



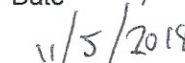
Compliance Manager



Primary Care Giver



Date



Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Mark Tapangan

CCFFH Address: 91-1771 Punako Street Ewa Beach, Hawaii 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52(c)(5)	Medications were added to the Medication Administration Record. Case manager notified.	11/6/2018	PCC and case manager will ensure that all medications will be on the Medication Administration Record as they get ordered by the doctors. PCC will have all medication orders given to case managers to assure that the medications are documented into the Medication Administration Record.

Primary Caregiver's Signature: 

Print Name: Mark Tapangan

Date of Signature: 11/7/2018